


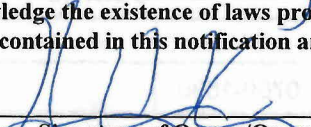
# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 2

Operator Project #	Postmark	Date Received	Notification # <u>2016.0201</u>																													
<b>I. Type of Notification</b> (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled <span style="float: right;"><u>49195</u></span>																																
<b>II. Facility Description</b> Building Name: <u>HIGH FALLS BREWERY</u> Address: <u>445 SAINT PAUL BLVD</u> City: <u>ROCHESTER</u> State: <u>NY</u> Zip Code: <u>14605</u> County: <u>MONROE</u> Site Location: <u>2ND FLOOR ENGINE ROOM</u> Building Size (square feet): <u>100000</u> # of Floors: <u>2</u> Age in Years: <u>115</u> Present Use: <u>INDUSTRIAL</u> Prior Use: <u>INDUSTRIAL</u>																																
<b>III. Type of Operation</b> (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training																																
<b>IV. Is Asbestos Present?</b> (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																
<b>V. Facility Information</b> Owner Name: <u>HIGH FALLS BREWERY</u> Address: <u>445 SAINT PAUL BLVD.</u> City: <u>ROCHESTER</u> State: <u>NY</u> Zip Code: <u>14605</u> Contact: <u>BOB MURDOCK</u> Telephone: <u>(585) 857-4519</u> Fax: _____ Removal Contractor Name: <u>KBH ENVIRONMENTAL, LLC</u> Address: <u>88 W. RIVER ROAD</u> City: <u>SCOTTSVILLE</u> State: <u>NY</u> Zip Code: <u>14546</u> Contact: <u>JOHN COLEMAN</u> Telephone: <u>(585) 889-1135</u> Fax: <u>(585) 889-6018</u> Other Operator (demolition/general): _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: ( ) _____ Fax: _____																																
<b>VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:</b> <u>ASBESTOS INSPECTION PER ICR-56. PLM AND TEM AS NEEDED.</u>																																
<b>VII. Approximate Amount of Asbestos Materials:</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">RACM to be Removed</th> <th colspan="2">Non-friable Asbestos Material to be Removed</th> <th colspan="2">Non-friable Asbestos Material NOT to be Removed</th> </tr> <tr> <th>Category I</th> <th>Category II</th> <th>Category I</th> <th>Category II</th> </tr> </thead> <tbody> <tr> <td>Pipes (linear feet)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Surface Area (square feet)</td> <td></td> <td></td> <td style="text-align: center;">400</td> <td></td> <td></td> </tr> <tr> <td>Facility Components (cubic feet)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed		Category I	Category II	Category I	Category II	Pipes (linear feet)						Surface Area (square feet)			400			Facility Components (cubic feet)					
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed																												
		Category I	Category II	Category I	Category II																											
Pipes (linear feet)																																
Surface Area (square feet)			400																													
Facility Components (cubic feet)																																
<b>VIII. Scheduled Dates Demolition or Renovation:</b> Start: <u>04/01/16</u> Complete: <u>04/30/16</u>																																
<b>IX. Dates for Asbestos Removal (MM/DD/YY)</b> Start: <u>02/08/16</u> Complete: <u>03/31/16</u>																																
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday																									
Hours of Operation:	0700-1530	0700-1530	0700-1530	0700-1530	0700-1530																											

# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

<b>X.</b>	<b>Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:</b>	<b>EQUIPMENT UPGRADES</b>		
<b>XI.</b>	<b>Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:</b>	<b>PER NYS ICR-56</b>		
<b>XII.</b>	<b>Waste Transporter #1</b>	Name: <u>SILVAROLE TRUCKING</u> Address: <u>85 SILVAROLE DRIVE</u> City: <u>ROCHESTER</u> State: <u>NY</u> Zip Code: <u>14623</u> Contact: <u>BILL SILVAROLE</u> Telephone: <u>(585) 272-0741</u>		
	<b>Waste Transporter #2</b>	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (    ) _____		
<b>XIII.</b>	<b>Waste Disposal</b>	Name: <u>HIGH ACRES LANDFILL</u> Address: <u>425 PERINTON PKWY</u> City: <u>ROCHESTER</u> State: <u>NY</u> Zip Code: <u>14550</u> Contact: <u>SUE ROSSI</u> Telephone: <u>(585) 223-6132</u>		
<b>XIV.</b>	<b>Emergency Demolition</b> (complete Item XIV only if this project is an Emergency Demo.)			
	1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____			
<b>XV.</b>	<b>Emergency Renovation</b> (Attach separate sheet with the following information if project is Emergency Renovation.)			
	1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.			
<b>XVI.</b>	<b>Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.</b>			
	<b>PER ICR - 56</b>			
<b>XVII.</b>	<b>I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.</b>			
	 _____ Signature of Owner/Operator	<u>01/25/16</u> _____ Date	<u>HEATHER KING - ENV. COORD.</u> _____ Type or Print Name and Title	
<b>XVIII.</b>	<b>I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.</b>			
	 _____ Signature of Owner/Operator	<u>01/25/16</u> _____ Date	<u>HEATHER KING - ENV. COORD</u> _____ Type or Print Name and Title	